

Supplemental Application Data Sheet

Application Information	
Application No.::	10/620,391
Filing Date::	07/16/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Title::	SELECTING FUNCTIONS VIA A GRAPHICAL USER INTERFACE
Attorney Docket Number::	G&C 30566.291-US-01
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	18
Small Entity?::	No
Petition included?::	No
Petition Type::	
Licensed U.S. Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information	
Application Authority Type::	Inventor
Primary Citizenship Country::	CANADA
Status::	Full Capacity
Given Name::	CHRISTOPHER
Middle Name::	
Family Name::	VIENNEAU
Name Suffix::	
City of Residence::	MONTREAL
State or Province of Residence::	QUEBEC
Country of Residence::	CANADA
Street of mailing address::	350 PRINCE ARTHUR OUEST, APT. 1208
City of mailing address::	MONTREAL
State or Province of mailing address::	QUEBEC
Country of mailing address::	CANADA
Postal or Zip Code of mailing address::	H2X 3R4

Applicant Information	
Application Authority Type::	Inventor
Primary Citizenship Country::	CANADA
Status::	Full Capacity
Given Name::	JUAN
Middle Name::	PABLO
Family Name::	DI LELLE
Name Suffix::	
City of Residence::	MONTREAL
State or Province of Residence::	QUEBEC
Country of Residence::	CANADA
Street of mailing address::	334 TERRASSE ST. DENISE, SUITE 304
City of mailing address::	MONTREAL
State or Province of mailing address::	QUEBEC
Country of mailing address::	CANADA
Postal or Zip Code of mailing address::	H2X 1E8

Applicant Information	
Application Authority Type::	Inventor
Primary Citizenship Country::	NETHERLANDS
Status::	Full Capacity
Given Name::	MICHIEL
Middle Name::	
Family Name::	SCHRIEVER
Name Suffix::	
City of Residence::	MONTREAL
State or Province of Residence::	QUEBEC
Country of Residence::	CANADA
Street of mailing address::	157 ST. PAUL WEST, APT. 59
City of mailing address::	MONTREAL
State or Province of mailing address::	QUEBEC
Country of mailing address::	CANADA
Postal or Zip Code of mailing address::	H2Y 1Z5

Correspondence Information	
Correspondence Customer Number::	22462

Representative Information		
Representative Customer Number::	22462	
Representative Designation::	Representative Number::	Representative Name::
Primary	33,500	George H. Gates
Primary	39,641	Victor G. Cooper
Primary	39,927	Karen S. Canady
Primary	42,236	William J. Wood
Primary	39,187	Jason S. Feldmar
Primary	45,472	Bradley K. Lortz

Domestic Priority Information			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	GB 02 16 824.3	07/19/02

Assignee Information	
Assignee name::	AUTODESK CANADA INC.
Street of mailing address::	10 DUKE STREET
City of mailing address::	MONTREAL
State for Province of mailing address::	QUEBEC
Country of mailing address::	CANADA
Postal or Zip Code of mailing address::	H3C 2L7